

Wisconsin Medicaid and BadgerCare update

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Wisconsin Medicaid and BadgerCare Information for Providers

To:
Federally Qualified
Health Centers
Nurse Practitioners
Physician Assistants
Physician Clinics
Physicians
Rural Health Clinics
HMOs and Other
Managed Care
Programs

Effective dates for claims submission and prior authorization changes as a result of HIPAA for physician services

This *Wisconsin Medicaid and BadgerCare Update* provides specific effective dates for the changes that will be implemented by Wisconsin Medicaid as a result of the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA) for physician services.

This *Update* gives implementation dates for all physician services providers, whether they exchange information with Wisconsin Medicaid on paper or electronically.

This *Wisconsin Medicaid and BadgerCare Update* provides specific effective dates for the changes that will be implemented by Wisconsin Medicaid as a result of the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA) for physician services. These dates apply to the claims submission and prior authorization changes described in the July 2003 *Update* (2003-61), titled “Changes to local codes, paper claims, and prior authorization for physician services as a result of HIPAA.” This *Update* makes frequent reference to *Update* 2003-61; providers are encouraged to read this *Update* alongside *Update* 2003-61.

This *Update* gives implementation dates for all physician services providers, whether they exchange information with Wisconsin Medicaid on paper or electronically. Failure to follow the effective dates that are provided in this *Update* may result in claim denials and returned or denied requests for prior authorization.

Attention: Advice for providers

Wisconsin Medicaid recognizes that this is a difficult time for providers with the nationwide implementation of HIPAA in October 2003. Providers are cautioned to pay close attention to the deadlines and requirements outlined in this *Update*, which are necessary to assure a smooth transition to the HIPAA standards. Providers should allow additional time to adjust to the new billing requirements and systems changes. Providers may experience a temporary delay in the payment of claims due to increased billing errors and system changes near the federal compliance date of October 16, 2003, as Wisconsin Medicaid, other payers, and providers implement the HIPAA requirements and billing standards.

Providers should note the way the various changes will be implemented. Changes as a result of HIPAA will be implemented based on:

- **Date of service.** For changes implemented based on the date of service, the important question to ask is: “**When was the service performed?**”
- **Date of receipt by Wisconsin Medicaid.** For changes implemented based on the date of receipt, the important question to ask is: “**When will this claim or request for prior authorization be received by Wisconsin Medicaid?**” Providers should allow enough time for mail delivery when meeting the deadlines identified in this publication.

Effective dates for national codes that will replace Wisconsin Medicaid local codes, revised claim instructions, and revised prior authorization (PA) forms and instructions are addressed separately in this *Update*. Codes, claims, and prior authorizations have different implementation procedures.

Medical and nonmedical codes

Codes fit into two categories, medical codes and nonmedical codes. Medical codes describe specific health care conditions and services while nonmedical codes describe general administrative situations.

Medical and nonmedical codes are implemented based on **dates of service** or **date of receipt**, respectively, as required by federal HIPAA regulations.

Medical codes

Changes to medical codes, as indicated in *Update* 2003-61, will be effective for **dates of service** on and after October 1, 2003. National medical codes used by Wisconsin Medicaid include:

- National procedure codes that replace Wisconsin Medicaid local procedure codes (refer to Attachments 1 and 2 of *Update* 2003-61).
- National modifiers that replace Wisconsin Medicaid local modifiers (refer to Attachment 4 of *Update* 2003-61).
- National modifiers that replace Wisconsin Medicaid local diagnosis codes (refer to Attachment 4 of *Update* 2003-61).

Pre-HIPAA medical codes include procedure codes, modifiers, and diagnosis codes. Pre-HIPAA medical codes may include local Wisconsin Medicaid codes and national codes.

Nonmedical codes

Changes to nonmedical codes, as indicated in *Update* 2003-61, will be implemented based on the **date of receipt**. For nonmedical codes received on paper claims and paper requests for prior authorization, the changes will be effective on and after October 1, 2003. For nonmedical codes received on electronic claims, the changes will be effective on and after October 13, 2003. National nonmedical codes used by Wisconsin Medicaid include:

- Allowable nationally recognized two-digit place of service (POS) codes (refer to Attachment 5 of *Update* 2003-61).
- Type of service (TOS) codes will no longer be required on Medicaid claims and PA forms because they are not national codes.
- National modifiers (“AA,” “TC,” “26,” and “80”) that replace TOS codes (refer to Attachment 3 of *Update* 2003-61).

Note: Modifiers, like procedure codes and diagnosis codes, are medical codes; however, for Wisconsin Medicaid’s implementation of HIPAA, providers must use these four modifiers as nonmedical codes.

Codes, claims, and prior authorizations have different implementation procedures.

Different implementation dates will be used for electronic and paper claims. A calendar of HIPAA implementation dates for electronic and paper claims is included in Attachment 1 of this *Update*.

Pre-HIPAA nonmedical codes include TOS codes and one-digit Wisconsin Medicaid POS codes.

Claims submission

Different implementation dates will be used for electronic and paper claims. A calendar of HIPAA implementation dates for electronic and paper claims is included in Attachment 1 of this *Update*.

Electronic claims submission

For electronic claims received by Wisconsin Medicaid on and after October 13, 2003, providers must use:

- The 837 Health Care Claim: Professional transaction, commonly known as the 837P (refer to the Medicaid Web site at www.dhfs.state.wi.us/medicaid/ for the 837P companion document).
- National nonmedical codes.
- Pre-HIPAA medical codes for dates of service before October 1, 2003.
- National medical codes for dates of service on and after October 1, 2003.
- A newborn's Medicaid identification number, instead of the mother's identification number. (Refer to the June 2003 *Update* [2003-29], titled "Wisconsin Medicaid no longer reimburses claims for newborns under the mother's identification number.")

Note: For electronic claims received by Wisconsin Medicaid between October 1, 2003, and October 10, 2003, providers must use pre-HIPAA claims submission software, pre-HIPAA nonmedical codes, and medical codes as appropriate to the date of service. Wisconsin Medicaid will not accept electronic claims on October 11 and 12, 2003.

Paper claims submission

For paper claims received by Wisconsin Medicaid on and after October 1, 2003, providers must use:

- HIPAA CMS 1500 claim instructions (refer to Attachment 6 of *Update* 2003-61).
- National nonmedical codes.
- Pre-HIPAA medical codes for dates of service before October 1, 2003.
- National medical codes for dates of service on and after October 1, 2003.
- A newborn's Medicaid identification number, instead of the mother's identification number (refer to *Update* 2003-29).

Refer to Attachment 3 of this *Update* for claims submission examples for physician services.

Electronic claim adjustments

For electronic claim adjustments received on and after October 13, 2003, providers must use:

- The electronic 837P adjustment (refer to the Medicaid Web site at www.dhfs.state.wi.us/medicaid/ for the 837P companion document).
- National nonmedical codes.
- Pre-HIPAA medical codes for dates of service before October 1, 2003.
- National medical codes for dates of service on and after October 1, 2003.

Paper claim adjustments

For paper claim adjustments received on and after October 1, 2003, providers must use:

- The Adjustment/Reconsideration Request form and completion instructions; the use of this form is voluntary. Providers may develop their own form as long as it includes all the information on this form and is formatted exactly like this form. (Refer

to the June 2003 *Update* [2003-31], titled “Changes to the Wisconsin Medicaid Adjustment Request form and instructions,” for more information about paper claim adjustments.)

- National nonmedical codes.
- Pre-HIPAA medical codes for dates of service before October 1, 2003.
- National medical codes for dates of service on and after October 1, 2003.

Refer to Attachment 4 of this *Update* for examples of claim adjustment requests.

Prior authorization

Refer to Attachment 2 of this *Update* for a calendar of HIPAA implementation dates for prior authorization. As indicated on the calendar, the fax deadline for receiving requests for prior authorization using the pre-HIPAA PA forms is 11:59 p.m. on September 30, 2003.

New requests for prior authorization

For new requests for prior authorization received by Wisconsin Medicaid on and after October 1, 2003, (with future dates of service) providers must use:

- The revised PA forms and instructions (refer to Attachments 14-19 of *Update* 2003-61).
- National nonmedical codes.
- National medical codes. Providers are reminded not to indicate modifiers on PA forms, except for “50” (Bilateral procedure).

Refer to Attachment 5 of this *Update* for examples of new requests for prior authorization.

Approved and modified prior authorizations currently in effect

For approved and modified prior authorizations currently in effect with *grant dates before* October 1, 2003, and *expiration dates on and after* October 1, 2003, Wisconsin Medicaid will identify and convert all local procedure codes. The pre-HIPAA procedure codes will remain effective for dates of service before October 1, 2003; however, the converted procedure codes will be effective for dates of service on and after October 1, 2003. Prior authorized quantities as approved on the original Prior Authorization Request Form (PA/RF) are not to be exceeded.

The procedure code conversion will result in an increase of details on the PA/RF. If this conversion results in more than 12 details, Wisconsin Medicaid will assign a new PA/RF with a new PA number for the converted codes. When this occurs, Wisconsin Medicaid will notify the provider by mail of the new PA number(s) assigned for the converted codes. If a provider has not received notification by October 17, 2003, the conversion did not result in more than 12 details. Providers should note that most conversions will not result in more than 12 details.

Because the procedure codes will be converted on these requests for prior authorization, providers must submit claims using the national codes that replace the Wisconsin Medicaid local codes for dates of service on and after October 1, 2003. For claims related to prior authorization with dates of service before October 1, 2003, providers must use the procedure codes approved prior to HIPAA implementation.

Refer to Attachment 5 of this *Update* for examples of new requests for prior authorization.

Refer to Attachment 6 of this *Update* for examples of requests for prior authorization with backdating.

Requests for prior authorization with backdating

For requests for prior authorization with backdating received by Wisconsin Medicaid on and after October 1, 2003, providers must use:

- The revised PA forms and instructions (refer to Attachments 14-19 of *Update* 2003-61).
- National nonmedical codes.
- Pre-HIPAA medical codes for dates of service before October 1, 2003.
- National medical codes for dates of service on and after October 1, 2003. (Providers are reminded not to indicate modifiers on PA forms, except for “50.”)

Note: If the dates of service span a time period before and after October 1, 2003, providers must indicate both pre-HIPAA medical codes and national medical codes on the PA/RF. Wisconsin Medicaid accepts PA/RFs with a maximum of 12 details per PA number. The PA/RF has space for five items. If a provider’s request for prior authorization requires more than five items to be listed, the provider may continue the request on a second and third PA/RF. When submitting a request with multiple pages, indicate the page number and total number of pages for the PA/RF in the upper right-hand corner (e.g., “page 1 of 2” and “page 2 of 2”). On the form(s) used for page 2 and, if appropriate, page 3, cross out the seven-digit PA number and write the PA number from the first PA/RF.

Refer to Attachment 6 of this *Update* for examples of requests for prior authorization with backdating.

Requests for prior authorization currently in process

Requests for prior authorization that are received before October 1, 2003, but returned by Wisconsin Medicaid to the provider for more information will not be converted by Wisconsin Medicaid. For returned requests that are received by Wisconsin Medicaid on and after October 1, 2003, providers must use:

- The revised PA/RF and instructions. Providers will not be required to submit new PA attachments; however, the pre-HIPAA PA/RF and the pre-HIPAA PA attachments must accompany the new PA/RF. (Refer to Attachment 14 of *Update* 2003-61 for the revised PA/RF instructions.)
- National nonmedical codes.
- Pre-HIPAA medical codes for dates of service before October 1, 2003.
- National medical codes for dates of service on and after October 1, 2003. (Providers are reminded not to indicate modifiers on requests, except for “50.”)

Note: If the dates of service span a time period before and after October 1, 2003, providers must indicate both pre-HIPAA medical codes and national medical codes on the PA/RF. Wisconsin Medicaid accepts PA/RFs with a maximum of 12 details per PA number. The PA/RF has space for five items. If a provider’s request for prior authorization requires more than five items to be listed, the provider may continue the request on a second and third PA/RF. When submitting a request with multiple pages, indicate the page number and total number of pages for the PA/RF in the upper right-hand corner (e.g., “page 1 of 2” and “page 2 of 2”). On the form(s) used for page 2 and, if appropriate, page 3, cross out the seven-digit PA number and write the PA number from the first PA/RF.

Prior authorization amendments

For prior authorization amendments received by Wisconsin Medicaid on and after October 1, 2003, providers must use:

- National nonmedical codes.
- Pre-HIPAA medical codes for dates of service before October 1, 2003.
- National medical codes for dates of service on and after October 1, 2003. (Providers are reminded not to indicate modifiers on requests, except for “50.”)

Note: If the dates of service span a time period before and after October 1, 2003, providers must indicate both pre-HIPAA medical codes and national medical codes on the PA forms.

Electronic transactions

A calendar that reflects the various implementation dates for electronic transactions is provided in Attachment 1 of this *Update*.

Electronic transactions received by Wisconsin Medicaid

The following are the implementation dates for electronic transactions received by Wisconsin Medicaid:

- The deadline for pre-HIPAA claims received on magnetic cartridge is **3:00 p.m. on October 8, 2003**.
- The deadline for pre-HIPAA claims received by the Electronic Data Interchange (EDI) department is **noon on October 10, 2003**.
- The deadline for claims received using the free Medicaid software that is supported by Proservices (known as EZ-LINK, Pace, and dental software) is **1:00 p.m. on October 10, 2003**.
- Wisconsin Medicaid will begin accepting the 837P on **October 13, 2003**.
- Wisconsin Medicaid will begin accepting claims using Provider Electronic Solutions (PES) software on **October 13, 2003**.

Electronic transactions received and sent by Wisconsin Medicaid

Wisconsin Medicaid will begin accepting and sending the 270/271 Health Care Eligibility Inquiry transaction on **October 13, 2003**.

Electronic transactions sent by Wisconsin Medicaid

Wisconsin Medicaid will begin sending the TA1 Interchange Acknowledgment and the 997 Functional Acknowledgment on **October 13, 2003**.

Electronic transactions available from Wisconsin Medicaid

The 835 Health Care Claim Payment/Advice will be available from Wisconsin Medicaid on and after **October 20, 2003**.

Obtaining information

For questions about this *Update*, providers may call Provider Services at (800) 947-9627 or (608) 221-9883.

Information regarding Medicaid HMOs

This *Update* contains Medicaid fee-for-service information and applies to providers of services to recipients who have fee-for-service Medicaid. Since HIPAA impacts all health care payers, it is important to know that HIPAA changes, including changes from local procedure codes to national procedure codes, will also have an impact on Medicaid HMOs. For questions related to Medicaid HMOs or managed care HIPAA-related changes, contact the appropriate managed care organization.

Wisconsin Medicaid will begin accepting the 837P on **October 13, 2003**.

The *Wisconsin Medicaid and BadgerCare Update* is the first source of program policy and billing information for providers.

Although the *Update* refers to Medicaid recipients, all information applies to BadgerCare recipients also.

Wisconsin Medicaid and BadgerCare are administered by the Division of Health Care Financing, Wisconsin Department of Health and Family Services, P.O. Box 309, Madison, WI 53701-0309.

For questions, call Provider Services at (800) 947-9627 or (608) 221-9883 or visit our Web site at www.dhfs.state.wi.us/medicaid/.

ATTACHMENT 1

Calendar of HIPAA implementation for claims submission for physician services

| September/October 2003 | | | | | | |
|--|--|---|---|----------|---|--|
| Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
| 28 (September) | 29 | 30 Paper claims: Last day Wisconsin Medicaid will accept paper claims using the pre-HIPAA* claim instructions. | 1 (October) Paper claims: Wisconsin Medicaid will begin accepting paper claims using the HIPAA claim instructions. | 2 | 3 | 4 |
| 5 | 6 | 7 | 8 Electronic claims: Last day Wisconsin Medicaid will accept pre-HIPAA claims on magnetic cartridge. | 9 | 10 Electronic claims: Last day the Electronic Data Interchange (EDI) department will accept pre-HIPAA electronic claims. Last day providers can submit claims using free Proservice's software. | 11 Electronic claims: Wisconsin Medicaid will not accept electronic claims. |
| 12 Electronic claims: Wisconsin Medicaid will not accept electronic claims. | 13 Electronic claims: Providers may begin submitting claims using Provider Electronic Solutions (PES) software. Wisconsin Medicaid will begin accepting the 837 Health Care Claim: Professional transaction. Wisconsin Medicaid will begin accepting and sending the 270/271 Health Care Eligibility Inquiry transaction. Wisconsin Medicaid will begin sending the TA1 Interchange Acknowledgment and the 997 Functional Acknowledgment transactions. | 14 | 15 | 16 | 17 | 18 |
| 19 | 20 Remittance and status: The 835 Health Care Claim Payment/Advice will be available from Wisconsin Medicaid. | 21 | 22 | 23 | 24 | 25 |

*HIPAA = Health Insurance Portability and Accountability Act of 1996.

ATTACHMENT 2

Calendar of HIPAA implementation for prior authorization for physician services

| September/October 2003 | | | | | | |
|-------------------------------|---------------|---|--|-----------------|---------------|-----------------|
| Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
| 28 (September) | 29 | 30 Last day Wisconsin Medicaid will accept the pre-HIPAA* prior authorization (PA) forms. Fax deadline — 11:59 p.m. | 1 (October) Wisconsin Medicaid will begin accepting revised PA forms. | 2 | 3 | 4 |

*HIPAA = Health Insurance Portability and Accountability Act of 1996.

ATTACHMENT 3

Claims submission examples for physician services

Examples of claims submission before and after the implementation of the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA) are illustrated below.

| For example, if both of the following are true: | | Then use the following: | | |
|---|-----------------|------------------------------|---|---|
| Date of service | Date of receipt | Paper claim instructions | Electronic claims submission | Codes |
| 9/1/03 | 9/30/03 | Pre-HIPAA claim instructions | Any pre-HIPAA claims submission software, including Proservices software (known as EZ-LINK, Pace, and dental software) | <ul style="list-style-type: none"> Pre-HIPAA nonmedical codes. Pre-HIPAA medical codes. |
| 9/30/03 | 10/14/03 | HIPAA claim instructions | 837 Health Care Claim: Professional transaction, commonly known as the 837P (including claims submitted using Provider Electronic Solutions [PES] software) | <ul style="list-style-type: none"> National nonmedical codes. Pre-HIPAA medical codes. |
| 10/14/03 | 11/1/03 | HIPAA claim instructions | 837P (including claims submitted using PES software) | <ul style="list-style-type: none"> National nonmedical codes. National medical codes. |

For the following examples, the services performed were antepartum care visits in a rural Health Professional Shortage Area.

| If both of the following are true: | | Then use the following: | | | | | |
|------------------------------------|-----------------|------------------------------|--|-----------------------|----------------------|----------------|----------------|
| Date of service | Date of receipt | Paper claim instructions | Electronic claims submission | Place of service code | Type of service code | Procedure code | Modifier(s) |
| 9/1/03 | 9/30/03 | Pre-HIPAA claim instructions | Any pre-HIPAA claims submission software, including Proservices software (known as EZ-LINK, Pace, and dental software) | 3 3 | 2 2 | W6000 W6001 | HP HP |
| 9/30/03 | 10/14/03 | HIPAA claim instructions | 837P (including claims submitted using PES software) | 11 11 | None | W6000 W6001 | HP HP |
| 10/14/03 | 11/1/03 | HIPAA claim instructions | 837P (including claims submitted using PES software) | 11 11 | None | 99204 99213 | TH QB TH QB |

For the following examples, the service performed was an evaluation and management visit with pediatric modifier.

| If both of the following are true: | | Then use the following: | | | | | |
|------------------------------------|-----------------|------------------------------|--|-----------------------|----------------------|----------------|-------------|
| Date of service | Date of receipt | Paper claim instructions | Electronic claims submission | Place of service code | Type of service code | Procedure code | Modifier(s) |
| 9/1/03 | 9/30/03 | Pre-HIPAA claim instructions | Any pre-HIPAA claims submission software, including Proservices software (known as EZ-LINK, Pace, and dental software) | 3 | 1 | 99213 | PD |
| 9/30/03 | 10/14/03 | HIPAA claim instructions | 837P (including claims submitted using PES software) | 11 | None | 99213 | PD |
| 10/14/03 | 11/1/03 | HIPAA claim instructions | 837P (including claims submitted using PES software) | 11 | None | 99213 | TJ |

For the following examples, the service performed was a knee replacement surgery with second opinion obtained.

| If both of the following are true: | | Then use the following: | | | | | | |
|------------------------------------|-----------------|------------------------------|--|-----------|-----------------------|----------------------|----------------|-------------|
| Date of service | Date of receipt | Paper claim instructions | Electronic claims submission | Diagnosis | Place of service code | Type of service code | Procedure code | Modifier(s) |
| 9/1/03 | 9/30/03 | Pre-HIPAA claim instructions | Any pre-HIPAA claims submission software, including Proservices software (known as EZ-LINK, Pace, and dental software) | V67.S | 1 | 2 | 27445 | None |
| 9/30/03 | 10/14/03 | HIPAA claim instructions | 837P (including claims submitted using PES software) | V67.S | 21 | None | 27445 | None |
| 10/14/03 | 11/1/03 | HIPAA claim instructions | 837P (including claims submitted using PES software) | 715.98 | 21 | None | 27445 | SM |

For the following examples, the service performed was an anesthesiologist medically directing a single anesthetist of anesthesia for intraperitoneal procedures in upper abdomen including laparoscopy.

| If both of the following are true: | | Then use the following: | | | | | |
|------------------------------------|-----------------|------------------------------|--|-----------------------|----------------------|----------------|-------------|
| Date of service | Date of receipt | Paper claim instructions | Electronic claims submission | Place of service code | Type of service code | Procedure code | Modifier(s) |
| 9/1/03 | 9/30/03 | Pre-HIPAA claim instructions | Any pre-HIPAA claims submission software, including Proservices software (known as EZ-LINK, Pace, and dental software) | 1 | 7 | 47600 | W1 |
| 9/30/03 | 10/14/03 | HIPAA claim instructions | 837P (including claims submitted using PES software) | 21 | None | 47600 | W1 |
| 10/14/03 | 11/1/03 | HIPAA claim instructions | 837P (including claims submitted using PES software) | 21 | None | 00790 | QY |

ATTACHMENT 4

Claim adjustment examples for physician services

Examples of claims adjustments before and after the implementation of the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA) are illustrated below.

| For example, if both of the following are true: | | Then use the following: | | |
|---|--------------------------|---|----------------------------|---|
| Original date of service | Date adjustment received | Paper Adjustment Request form* | Electronic 837P adjustment | Codes |
| 9/1/03 | 9/30/03 | Pre-HIPAA form | Not applicable | <ul style="list-style-type: none"> • Pre-HIPAA nonmedical codes. • Pre-HIPAA medical codes. |
| 9/30/03 | 10/14/03 | Adjustment/Reconsideration Request form and completion instructions | Allowable | <ul style="list-style-type: none"> • National nonmedical codes. • Pre-HIPAA medical codes. |
| 10/14/03 | 11/1/03 | Adjustment/Reconsideration Request form and completion instructions | Allowable | <ul style="list-style-type: none"> • National nonmedical codes. • National medical codes. |

*Refer to the June 2003 *Wisconsin Medicaid and BadgerCare Update* (2003-31), titled "Changes to the Wisconsin Medicaid Adjustment Request form and instructions," for more information about paper claim adjustments.

ATTACHMENT 5

Examples of requests for prior authorization for physician services

Examples of new requests for prior authorization before and after the implementation of the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA) are illustrated below.

| For example, if both of the following are true: | | Then use the following: | |
|---|----------------------|---|---|
| Date of receipt | Requested start date | Prior authorization (PA) forms and instructions | Codes |
| 9/1/03 | 9/30/03 | Pre-HIPAA PA forms and instructions | <ul style="list-style-type: none"> • Pre-HIPAA nonmedical codes. • Pre-HIPAA medical codes. |
| 9/30/03 | 10/14/03 | Pre-HIPAA PA forms and instructions | <ul style="list-style-type: none"> • Pre-HIPAA nonmedical codes. • Pre-HIPAA medical codes. |
| 10/14/03 | 11/1/03 | Revised PA forms and instructions | <ul style="list-style-type: none"> • National nonmedical codes. • National medical codes. |

For the following examples, the service to be performed is reduction mammoplasty.

| For example, if both of the following are true: | | Then use the following: | | | | |
|---|----------------------|-------------------------------------|----------------|-------------|-----------------------|----------------------|
| Date of receipt | Requested start date | PA forms and instructions | Procedure code | Modifier(s) | Place of service code | Type of service code |
| 9/1/03 | 9/30/03 | Pre-HIPAA PA forms and instructions | 19318 | 50 | 1 | 2 |
| 9/30/03 | 10/14/03 | Pre-HIPAA PA forms and instructions | 19318 | 50 | 1 | 2 |
| 10/14/03 | 11/1/03 | Revised PA forms and instructions | 19318 | 50 | 21 | None |

ATTACHMENT 6

Examples of requests for prior authorization with backdating for physician services

Examples of requests for prior authorization with backdating before and after the implementation of the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA) are illustrated below.

| For example, if both of the following are true: | | Then use the following: | |
|---|-------------------------------|---|--|
| Date of receipt | Date the service was provided | Prior authorization (PA) forms and instructions | Codes |
| 9/30/03 | 9/20/03 and 9/25/03 | Pre-HIPAA PA forms and instructions | <ul style="list-style-type: none"> • Pre-HIPAA nonmedical codes. • Pre-HIPAA medical codes. |
| 10/03/03 | 9/20/03 and 9/25/03 | Revised PA forms and instructions | <ul style="list-style-type: none"> • National nonmedical codes. • Pre-HIPAA medical codes. |
| 10/03/03 | 9/25/03 and 10/02/03 | Revised PA forms and instructions | <ul style="list-style-type: none"> • National nonmedical codes. • Pre-HIPAA medical codes for the 9/25/03 date of service. • National medical codes for the 10/02/03 date of service. |
| 10/19/03 | 10/10/03 and 10/14/03 | Revised PA forms and instructions | <ul style="list-style-type: none"> • National nonmedical codes. • National medical codes. |